

CHAPTER 2

NFIRS 5.0 MODULES

NFIRS Version 5.0 consists of 11 modules. The Basic Module is to be completed for every incident, with additional modules used as appropriate to describe the incident.

Description of Modules

The **Basic Module** (NFIRS–1) captures general information on every incident (or emergency call) to which the department responds.

THE FOLLOWING MODULES ARE USED IN CONJUNCTION WITH THE BASIC MODULE, WHICH MUST BE COMPLETED FOR EVERY INCIDENT TO WHICH YOUR DEPARTMENT RESPONDS

The **Fire Module** (NFIRS–2) is used to describe each fire incident to which the department responds. For wildland fire incidents, the Wildland Module can be used instead of the Fire Module if that option is available by your state reporting authority.

The **Structure Fire Module** (NFIRS–3) is used to describe each structure fire to which the department responds. This module is used in conjunction with the Fire Module.

The **Civilian Fire Casualty Module** (NFIRS–4) is used to report injuries or deaths to civilians or other emergency personnel (e.g., police officers, non-fire department/EMS personnel) that are related to a fire incident. This module is used in conjunction with the Fire Module and, if applicable, the Structure Fire Module. Non-fire-related injuries or deaths to civilians can be reported on the EMS Module.

The **Fire Service Casualty Module** (NFIRS–5) is used to report injuries and deaths of firefighters. The module can also be used to report the exposure of a firefighter to chemicals or biological agents at an incident where that exposure does not result in any symptoms at that time but that manifest themselves at a later date. This module may be used with any of the other modules.

THE FOLLOWING MODULES (NFIRS–6 THROUGH –11) ARE OPTIONAL MODULES THAT ARE USED ONLY WHEN THAT OPTION(S) IS SELECTED BY YOUR STATE REPORTING AUTHORITY

The **EMS Module** (NFIRS–6) is completed by fire departments that provide emergency medical services. The module is used to report all medical incidents where the department provided the primary patient care. This includes incidents where there were civilian fire-related casualties and a Civilian Fire Casualty Module was completed and where there were firefighter fire-related casualties and a Fire Service Casualty Module was completed. (This

module does not serve as a patient care record, but it can be used in conjunction with the local requirements for patient care.)

The ***Hazardous Materials Module*** (NFIRS–7) is completed to report spills or releases of 55 gallons or more of hazardous materials or when special HazMat actions were taken. As appropriate, the module is used in conjunction with the Fire Module or other modules to provide detailed information about incidents involving hazardous materials.

The ***Wildland Fire Module*** (NFIRS–8) is completed to report incidents that involve wildland or vegetation fires. The module is used in lieu of the Fire Module for wildland fire incidents.

The ***Apparatus or Resources Module*** (NFIRS–9), a department-use module, is completed to report data specific to each piece of apparatus that responds to an incident. It includes information that can be used to calculate response time and time out of service. This module is not used if the Personnel Module is used.

The ***Personnel Module*** (NFIRS–10), a department-use module, is completed to report the same information as on the Apparatus or Resources Module, but it also provides for tracking the personnel associated with that apparatus.

The ***Arson Module*** (NFIRS–11) is completed to report additional information on fires that have been coded by the department as “intentionally set.”

In addition to the 11 modules, a ***Supplemental Form*** (NFIRS–1S) can be used to report information on additional persons and entities involved in the incident and to collect additional special studies fields. This paper-only form extends the amount of information collected in the Basic Module.

Preparation of Modules

Both local and state agencies should establish standard procedures on how to complete the NFIRS reporting modules and how to submit the modules to the state reporting activity. These procedures will help ensure consistency in the data received and provide guidance to those filling out the modules. Each coded field in on-line NFIRS systems has the capability to be expanded by another alpha-numeric character so that information more specific than the national standard addresses can be collected.

The majority of the information on the modules is obtained at the scene by emergency responder personnel. An emergency responder at the scene should be assigned the responsibility of recording the required information concerning each incident. To gather additional information or to confirm one's own impressions, the individual completing the module should contact others involved with the incident. Contacts may include on-scene fire service personnel, police and civilians at the scene, the dispatcher, EMS personnel, hospital staff, fire and building inspectors, the arson investigator, the local fire module coordinator, and state-level officials responsible for coordinating the reporting system. Most importantly, the module should reflect exactly what happened.

NEIRS-1 Revision 01/01/04

K1 Person/Entity Involved

Local Option

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option

☐ Same as person involved? Then check this box and skip the rest of this block.

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

L**Remarks:**

Local Option

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

- | | |
|---|--|
| <input type="checkbox"/> Buildings 111 | Complete Fire & Structure Modules |
| <input type="checkbox"/> Special structure 112 | Complete Fire Module & Section I, Structure Module |
| <input type="checkbox"/> Confined 113-118 | Basic Module Only |
| <input type="checkbox"/> Mobile property 120-123 | Complete Fire & Structure Modules |
| <input type="checkbox"/> Vehicle 130-138 | Complete Fire Module |
| <input type="checkbox"/> Vegetation 140-143 | Complete Fire or Wildland Module |
| <input type="checkbox"/> Outside rubbish fire 150-155 | Basic Module Only |
| <input type="checkbox"/> Special outside fire 160 | Complete Fire or Wildland Module |
| <input type="checkbox"/> Special outside fire 161-163 | Complete Fire Module |
| <input type="checkbox"/> Crop fire 170-173 | Complete Fire or Wildland Module |



ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!

☐ More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge. ☐

Officer in charge ID

Signature

Position or rank

Assignment

Month

Day

Year

Member making report ID

Signature

Position or rank

Assignment

Month

Day

Year

I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air-supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g., piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g., fences) 0 <input type="checkbox"/> Other type of structure </div>	I2 Building Status ☆ <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>	I3 Building Height ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> Total number of stories at or above grade </div> <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> Total number of stories below grade </div>	I4 Main Floor Size ☆ <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> , <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> , <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> Total square feet </div> <p style="text-align: center; font-weight: bold; margin: 10px 0;">OR</p> <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> , <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> BY <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> , <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> Length in feet Width in feet </div>
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NFIRS-3 Structure Fire

J1 Fire Origin ☆ <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> <input type="checkbox"/> Below grade Story of fire origin </div>	J3 Number of Stories Damaged by Flame ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> Number of stories w/minor damage (1 to 24% flame damage) <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> Number of stories w/significant damage (25 to 49% flame damage) <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> Number of stories w/heavy damage (50 to 74% flame damage) <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> Number of stories w/extreme damage (75 to 100% flame damage) </div>	K Type of Material Contributing Most to Flame Spread ☆ <input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> Item contributing most to flame spread </div> <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> Type of material contributing most to flame spread Required only if item contributing code is 00 or <70. </div>
J2 Fire Spread ☆ If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module). <div style="margin-top: 10px;"> 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin </div>		

L1 Presence of Detectors ☆ (In area of the fire) <div style="margin-top: 10px;"> N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined </div>	L3 Detector Power Supply ☆ <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug-in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug-in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>	L5 Detector Effectiveness ☆ Required if detector operated. <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Alerted occupants, occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined </div>
L2 Detector Type ☆ <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke and heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than one type present 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>	L4 Detector Operation ☆ <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated 3 <input type="checkbox"/> Failed to operate U <input type="checkbox"/> Undetermined </div>	L6 Detector Failure Reason ☆ Required if detector failed to operate <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Power failure, shutoff, or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes not cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>

M1 Presence of Automatic Extinguishing System ☆ <div style="margin-top: 10px;"> N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined </div>	M3 Operation of Automatic Extinguishing System ☆ Required if fire was within designed range <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Operated/effective (go to M4) 2 <input type="checkbox"/> Operated/not effective (go to M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>	M5 Reason for Automatic Extinguishing System Failure ☆ Required if system failed or not effective <div style="margin-top: 10px;"> 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>
M2 Type of Automatic Extinguishing System ☆ Required if fire was within designed range of AES <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Wet-pipe sprinkler 2 <input type="checkbox"/> Dry-pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen-type system 7 <input type="checkbox"/> Carbon dioxide (CO₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined </div>	M4 Number of Sprinkler Heads Operating ☆ Required if system operated <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> Number of sprinkler heads operating </div>	

A	<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> FDID ★ </div> </div> <div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> State ★ </div> </div> <div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> MM DD </div> </div> <div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> YYYY </div> </div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Incident Date ★ </div> </div></div>	<div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Station </div>	<div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Incident Number ★ </div>	<div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Exposure ★ </div>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-4 Civilian Fire Casualty
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B Injured Person	★ Gender 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	C Casualty Number ★
<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 200px;"></div> <div style="border-bottom: 1px solid black; width: 30px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> First Name MI Last Name Suffix </div>		<div style="border-bottom: 1px solid black; width: 60px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Casualty Number </div>

D Age or Date of Birth ★	E1 Race	F Affiliation	H Severity ★
<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Age </div> </div> <div> <input type="checkbox"/> Months (for infants) </div> </div> <div style="text-align: center; margin: 10px 0;">OR</div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Month </div> </div> <div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Day </div> </div> <div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Year </div> </div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Date of Birth </div>	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American 3 <input type="checkbox"/> Am. Indian, Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander 0 <input type="checkbox"/> Other, multiracial U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other	1 <input type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death U <input type="checkbox"/> Undetermined
	E2 Ethnicity	G Date and Time of Injury Midnight is 0000.	
	1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino	<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Month </div> </div> <div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Day </div> </div> <div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Year </div> </div> <div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Hour </div> </div> <div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Minute </div> </div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Date of Injury Time of Injury </div>	

I Cause of Injury	J Human Factors Contributing to Injury <input type="checkbox"/> None	K Factors Contributing to Injury <input type="checkbox"/> None
1 <input type="checkbox"/> Exposed to fire products including flame heat, smoke, and gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped, or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by or contact with object 8 <input type="checkbox"/> Overexertion or strain 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	<input type="checkbox"/> None Enter up to three contributing factors <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Contributing factor (1) </div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Contributing factor (2) </div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Contributing factor (3) </div>

L Activity When Injured	M1 Location at Time of Incident	M3 Story at Start of Incident Complete ONLY if injury occurred INSIDE
1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin and not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area of origin and involved 0 <input type="checkbox"/> Other location U <input type="checkbox"/> Undetermined	Story at start of incident <div style="border-bottom: 1px solid black; width: 60px;"></div> <input type="checkbox"/> Below grade
	M2 General Location at Time of Injury	M4 Story Where Injury Occurred Story where injury occurred, if different from M3
	1 <input type="checkbox"/> In area of fire origin → <div style="border: 1px solid black; padding: 2px; font-size: 8px;">Skip to Section N</div> 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area → <div style="border: 1px solid black; padding: 2px; font-size: 8px;">Skip to Block Ms</div> U <input type="checkbox"/> Undetermined	<div style="border-bottom: 1px solid black; width: 60px;"></div> <input type="checkbox"/> Below grade
		M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin
		<div style="border-bottom: 1px solid black; width: 60px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Specific location at time of injury </div>

N Primary Apparent Symptom	O Primary Area of Body Injured	P Disposition
01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns and smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only <div style="font-size: 8px;">Look up a code only if the symptom is NOT found above</div> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Primary apparent symptom </div>	1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck and shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input type="checkbox"/> Transported to emergency care facility <div style="border-bottom: 1px solid black; height: 100px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> Remarks Local option </div>

<div>A</div> <div>FDID</div> <div>State</div> <div>Incident Date</div> <div>MM</div> <div>DD</div> <div>YYYY</div> <div>Station</div> <div>Incident Number</div> <div>Exposure</div> <div>Delete</div> <div>Change</div> <div>NFIRS-5 Fire Service Casualty</div>			
<div>B</div> <div>Injured Person</div> <div>Identification Number</div> <div>1 Male</div> <div>2 Female</div> <div>1 Career</div> <div>2 Volunteer</div> <div>First Name</div> <div>MI</div> <div>Last Name</div> <div>Suffix</div>		<div>C</div> <div>Casualty Number</div> <div>Casualty Number</div>	
<div>D</div> <div>Age or Date of Birth</div> <div>Age</div> <div>In years</div> <div>OR</div> <div>Date of Birth</div> <div>Month</div> <div>Day</div> <div>Year</div>	<div>E</div> <div>Date and Time of Injury</div> <div>Midnight is 0000.</div> <div>Date of Injury</div> <div>Month</div> <div>Day</div> <div>Year</div> <div>Time of Injury</div> <div>Hour</div> <div>Minute</div>		<div>F</div> <div>Responses</div> <div>Number of prior responses during past 24 hours</div>
<div>G1</div> <div>Usual Assignment</div> <div>1 Suppression</div> <div>2 EMS</div> <div>3 Prevention</div> <div>4 Training</div> <div>5 Maintenance</div> <div>6 Communications</div> <div>7 Administration</div> <div>8 Fire investigation</div> <div>0 Other</div>	<div>G2</div> <div>Physical Condition Just Prior to Injury</div> <div>1 Rested</div> <div>2 Fatigued</div> <div>4 Ill or injured</div> <div>0 Other</div> <div>U Undetermined</div> <div>G3</div> <div>Severity</div> <div>1 Report only, including exposure</div> <div>2 First aid only</div> <div>3 Treated by physician (no lost time)</div> <div>4 Moderate (lost time)</div> <div>5 Severe (lost time)</div> <div>6 Life threatening (lost time)</div> <div>7 Death</div>	<div>G4</div> <div>Taken To</div> <div>Not transported</div> <div>1 Hospital</div> <div>4 Doctor's office</div> <div>5 Morgue/funeral home</div> <div>6 Residence</div> <div>7 Station or quarters</div> <div>0 Other</div> <div>G5</div> <div>Activity at Time of Injury</div> <div>Activity at time of injury</div>	
<div>H1</div> <div>Primary Apparent Symptom</div> <div>Primary apparent symptom</div>	<div>I1</div> <div>Cause of Firefighter Injury</div> <div>Cause of injury</div>	<div>I3</div> <div>Object Involved in Injury</div> <div>None</div> <div>Object involved in injury</div>	
<div>H2</div> <div>Primary Part of Body Injured</div> <div>None</div> <div>Primary injured body part</div>	<div>I2</div> <div>Factor Contributing to Injury</div> <div>None</div> <div>Contributing factor</div>		
<div>J1</div> <div>Where Injury Occurred</div> <div>1 En route to FD location</div> <div>2 At FD location</div> <div>3 En route to incident scene</div> <div>4 En route to medical facility</div> <div>5 At scene in structure</div> <div>6 At scene outside</div> <div>7 At medical facility</div> <div>8 Returning from incident</div> <div>9 Returning from med facility</div> <div>0 Other</div> <div>U Undetermined</div>	<div>J3</div> <div>Specific Location Where Injury Occurred</div> <div>65 In aircraft</div> <div>64 In boat, ship, or barge</div> <div>63 In rail vehicle</div> <div>61 In motor vehicle</div> <div>54 In sewer</div> <div>53 In tunnel</div> <div>49 In structure</div> <div>45 In attic</div> <div>36 In water</div> <div>35 In well</div> <div>34 In ravine</div> <div>33 In quarry or mine</div> <div>32 In ditch or trench</div> <div>31 In open pit</div> <div>28 On steep grade</div> <div>27 On fire escape/outside stairs</div> <div>26 On vertical surface or ledge</div> <div>25 On ground ladder</div> <div>24 On aerial ladder or in basket</div> <div>23 On roof</div> <div>22 Outside at grade</div> <div>00 Other</div> <div>UU Undetermined</div> <div>Complete Block J4</div>	<div>J4</div> <div>Vehicle Type</div> <div>1 Suppression vehicle</div> <div>2 EMS vehicle</div> <div>3 Other FD vehicle</div> <div>4 Non-FD vehicle</div> <div>Complete ONLY if Specific Location code is >60</div> <div>Remarks</div> <div>If protective equipment failed and was a factor in this injury, please complete the other side of this form.</div> <div>NFIRS-5 Revision 01/01/04</div>	
<div>J2</div> <div>Story Where Injury Occurred</div> <div>1 Check this box and enter the story if the injury occurred inside or on a structure</div> <div>Story of injury</div> <div>Below grade</div> <div>2 Injury occurred outside</div>			

K1 Did protective equipment fail and contribute to the injury?

Please complete the remainder of this form ONLY if you answer YES.

Yes Y ☐No N ☐Equipment
Sequence
Number

--	--	--	--

**NFIRS-5
Fire Service
Casualty****K2 Protective Equipment Item**

Head or Face Protection

- 11 ☐ Helmet
12 ☐ Full face protector
13 ☐ Partial face protector
14 ☐ Goggles/eye protection
15 ☐ Hood
16 ☐ Ear protector
17 ☐ Neck protector
10 ☐ Other

Coat, Shirt, or Trousers

- 21 ☐ Protective coat
22 ☐ Protective trousers
23 ☐ Uniform shirt
24 ☐ Uniform T-shirt
25 ☐ Uniform trousers
26 ☐ Uniform coat or jacket
27 ☐ Coveralls
28 ☐ Apron or gown
20 ☐ Other

Boots or Shoes

- 31 ☐ Knee length boots with steel baseplate and steel toes
32 ☐ Knee length boots with steel toes only
33 ☐ 3/4 length boots with steel baseplate and steel toes
34 ☐ 3/4 length boots with steel toes only
35 ☐ Boots without steel baseplate and steel toes
36 ☐ Safety shoes with steel baseplate and steel toes
37 ☐ Safety shoes with steel toes only
38 ☐ Non-safety shoes
30 ☐ Other

Respiratory Protection

- 41 ☐ SCBA (demand) open circuit
42 ☐ SCBA (positive pressure) open circuit
43 ☐ SCBA closed circuit
44 ☐ Not self-contained
45 ☐ Cartridge respirator
46 ☐ Dust or particle mask
40 ☐ Other

Hand Protection

- 51 ☐ Firefighter gloves with wristlets
52 ☐ Firefighter gloves without wristlets
53 ☐ Work gloves
54 ☐ HazMat gloves
55 ☐ Medical gloves
50 ☐ Other

Special Equipment

- 61 ☐ Proximity suit for entry
62 ☐ Proximity suit for non-entry
63 ☐ Totally encapsulated, reusable chemical suit
64 ☐ Totally encapsulated, disposable chemical suit
65 ☐ Partially encapsulated, reusable chemical suit
66 ☐ Partially encapsulated, disposable chemical suit
67 ☐ Flash protection suit
68 ☐ Flight or jump suit
69 ☐ Brush suit
71 ☐ Exposure suit
72 ☐ Self-contained underwater breathing apparatus (SCUBA)
73 ☐ Life preserver
74 ☐ Life belt or ladder belt
75 ☐ Personal alert safety system (PASS)
76 ☐ Radio distress device
77 ☐ Personal lighting
78 ☐ Fire shelter or tent
79 ☐ Vehicle safety belt
70 ☐ Special equipment, other
00 ☐ Protective equipment, other

Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment.

K3 Protective Equipment Problem

Check one box to indicate the main problem that occurred.

- 11 ☐ Burned
12 ☐ Melted
21 ☐ Fractured, cracked or broken
22 ☐ Punctured
23 ☐ Scratched
24 ☐ Knocked off
25 ☐ Cut or ripped
31 ☐ Trapped steam or hazardous gas
32 ☐ Insufficient insulation
33 ☐ Object fell in or onto equipment item
41 ☐ Failed under impact
42 ☐ Face piece or hose detached
43 ☐ Exhalation valve inoperative or damaged
44 ☐ Harness detached or separated
45 ☐ Regulator failed to operate
46 ☐ Regulator damaged by contact
47 ☐ Problem with admissions valve
48 ☐ Alarm failed to operate
49 ☐ Alarm damaged by contact
51 ☐ Supply cylinder or valve failed to operate
52 ☐ Supply cylinder/valve damaged by contact
53 ☐ Supply cylinder—insufficient air/oxygen
94 ☐ Did not fit properly
95 ☐ Not properly serviced or stored prior to use
96 ☐ Not used for designed purpose
97 ☐ Not used as recommended by manufacturer
00 ☐ Other equipment problem
UU ☐ Undetermined

K4 Equipment Manufacturer, Model and Serial Number

Manufacturer

Model

Serial Number

A	FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure	<input type="checkbox"/> Delete	NFIRS-6 EMS
	★	★	★	★	★	★	★	★	<input type="checkbox"/> Change	

B	Number of Patients	Patient Number	C	Date/Time	Month	Day	Year	Hour/Min				
	Use a separate form for each patient			Check if same date as Alarm date	<input type="checkbox"/> Time Arrived at Patient					<input type="checkbox"/> Time of Patient Transfer		

D Provider Impression/Assessment				★ Check one box only	<input type="checkbox"/> None/no patient or refused treatment
10 <input type="checkbox"/> Abdominal pain	18 <input type="checkbox"/> Chest pain	26 <input type="checkbox"/> Hypovolemia	34 <input type="checkbox"/> Sexual assault		
11 <input type="checkbox"/> Airway obstruction	19 <input type="checkbox"/> Diabetic symptom	27 <input type="checkbox"/> Inhalation injury	35 <input type="checkbox"/> Sting/bite		
12 <input type="checkbox"/> Allergic reaction	20 <input type="checkbox"/> Do not resuscitate	28 <input type="checkbox"/> Obvious death	36 <input type="checkbox"/> Stroke/CVA		
13 <input type="checkbox"/> Altered LOC	21 <input type="checkbox"/> Electrocutation	29 <input type="checkbox"/> OD/poisoning	37 <input type="checkbox"/> Syncope		
14 <input type="checkbox"/> Behavioral/psych	22 <input type="checkbox"/> General illness	30 <input type="checkbox"/> Pregnancy/OB	38 <input type="checkbox"/> Trauma		
15 <input type="checkbox"/> Burns	23 <input type="checkbox"/> Hemorrhaging/bleeding	31 <input type="checkbox"/> Respiratory arrest	00 <input type="checkbox"/> Other		
16 <input type="checkbox"/> Cardiac arrest	24 <input type="checkbox"/> Hyperthermia	32 <input type="checkbox"/> Respiratory distress			
17 <input type="checkbox"/> Cardiac dysrhythmia	25 <input type="checkbox"/> Hypothermia	33 <input type="checkbox"/> Seizure			

E1 Age or Date of Birth	F1 Race	G1 Human Factors Contributing to Injury	G2 Other Factors
Age <input type="text"/> <input type="checkbox"/> Months (for infants)	1 <input type="checkbox"/> White	<input type="checkbox"/> None	<input type="checkbox"/> None
OR	2 <input type="checkbox"/> Black, African American	Check all applicable boxes	If an illness, not an injury, skip G2 and go to H3
Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	3 <input type="checkbox"/> Am. Indian, Alaska Native	1 <input type="checkbox"/> Asleep	1 <input type="checkbox"/> Accidental
	4 <input type="checkbox"/> Asian	2 <input type="checkbox"/> Unconscious	2 <input type="checkbox"/> Self-inflicted
	5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander	3 <input type="checkbox"/> Possibly impaired by alcohol	3 <input type="checkbox"/> Inflicted, not self
	0 <input type="checkbox"/> Other, multiracial	4 <input type="checkbox"/> Possibly impaired by drug	
	U <input type="checkbox"/> Undetermined	5 <input type="checkbox"/> Possibly mentally disabled	
E2 Gender	F2 Ethnicity	6 <input type="checkbox"/> Physically disabled	
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Hispanic or Latino	7 <input type="checkbox"/> Physically restrained	
	2 <input type="checkbox"/> Non Hispanic or Latino	8 <input type="checkbox"/> Unattended person	

H1 Body Site of Injury	H2 Injury Type	H3 Cause of Illness/Injury
List up to five body sites	List one injury type for each body site listed under H1	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I Procedures Used	J Safety Equipment	K Cardiac Arrest
Check all applicable boxes	<input type="checkbox"/> None	Check all applicable boxes
01 <input type="checkbox"/> Airway insertion	Used or deployed by patient. Check all applicable boxes.	1 <input type="checkbox"/> Pre-arrival arrest?
02 <input type="checkbox"/> Anti-shock trousers	1 <input type="checkbox"/> Safety/seat belts	If pre-arrival arrest, was it:
03 <input type="checkbox"/> Assist ventilation	2 <input type="checkbox"/> Child safety seat	1 <input type="checkbox"/> Witnessed?
04 <input type="checkbox"/> Bleeding control	3 <input type="checkbox"/> Airbag	2 <input type="checkbox"/> Bystander CPR?
05 <input type="checkbox"/> Burn care	4 <input type="checkbox"/> Helmet	2 <input type="checkbox"/> Post-arrival arrest?
06 <input type="checkbox"/> Cardiac pacing	5 <input type="checkbox"/> Protective clothing	Initial Arrest Rhythm
07 <input type="checkbox"/> Cardioversion (defib) manual	6 <input type="checkbox"/> Flotation device	1 <input type="checkbox"/> V-Fib/V-Tach
08 <input type="checkbox"/> Chest/abdominal thrust	0 <input type="checkbox"/> Other	0 <input type="checkbox"/> Other
09 <input type="checkbox"/> CPR	U <input type="checkbox"/> Undetermined	U <input type="checkbox"/> Undetermined
10 <input type="checkbox"/> Cricothyroidotomy		
11 <input type="checkbox"/> Defibrillation by AED		
12 <input type="checkbox"/> EKG monitoring		
13 <input type="checkbox"/> Extrication		
14 <input type="checkbox"/> Intubation (EGTA)		
15 <input type="checkbox"/> Intubation (ET)		
16 <input type="checkbox"/> IO/IV therapy		
17 <input type="checkbox"/> Medications therapy		
18 <input type="checkbox"/> Oxygen therapy		
19 <input type="checkbox"/> OB care/delivery		
20 <input type="checkbox"/> Prearrival instructions		
21 <input type="checkbox"/> Restrain patient		
22 <input type="checkbox"/> Spinal immobilization		
23 <input type="checkbox"/> Splinted extremities		
24 <input type="checkbox"/> Suction/aspirate		
00 <input type="checkbox"/> Other		

L1 Initial Level of Provider	L2 Highest Level of Care Provided On Scene	M Patient Status	N EMS Disposition
★	<input type="checkbox"/> None		<input type="checkbox"/> Not transported
1 <input type="checkbox"/> First Responder	1 <input type="checkbox"/> First Responder	1 <input type="checkbox"/> Improved	1 <input type="checkbox"/> FD transport to ECF
2 <input type="checkbox"/> EMT-B (Basic)	2 <input type="checkbox"/> EMT-B (Basic)	2 <input type="checkbox"/> Remained same	2 <input type="checkbox"/> Non-FD transport
3 <input type="checkbox"/> EMT-I (Intermediate)	3 <input type="checkbox"/> EMT-I (Intermediate)	3 <input type="checkbox"/> Worsened	3 <input type="checkbox"/> Non-FD trans/FD attend
4 <input type="checkbox"/> EMT-P (Paramedic)	4 <input type="checkbox"/> EMT-P (Paramedic)	Check if:	4 <input type="checkbox"/> Non-emergency transfer
0 <input type="checkbox"/> Other provider	0 <input type="checkbox"/> Other provider	1 <input type="checkbox"/> Pulse on transfer	0 <input type="checkbox"/> Other
N <input type="checkbox"/> No Training		2 <input type="checkbox"/> No pulse on transfer	

A

FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Delete
☐ Change

NFIRS-8
Wildland
Fire

B

Alternate Location Specification

Enter Latitude/Longitude OR Township/Range/Section/Subsection Meridian if Section B on the Basic Module is not completed

<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Latitude			Longitude			
OR						
<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Township		Range		Section		Meridian
				<input type="checkbox"/> North <input type="checkbox"/> South		<input type="checkbox"/> East <input type="checkbox"/> West

C

Area Type

- 1 ☐ Rural, farms >50 acres
- 2 ☐ Urban (heavily populated)
- 3 ☐ Rural/urban or suburban
- 4 ☐ Urban-wildland interface area

D1

Wildland Fire Cause

- 1 ☐ Natural source
 - 2 ☐ Equipment
 - 3 ☐ Smoking
 - 4 ☐ Open/outdoor fire
 - 5 ☐ Debris/vegetation burn
 - 6 ☐ Structure (exposure)
 - 7 ☐ Incendiary
- 8 ☐ Misuse of fire
 - 0 ☐ Other
 - U ☐ Undetermined

D2

Human Factors Contributing to Ignition

Check as many boxes as are applicable.

- 1 ☐ Asleep
- 2 ☐ Possibly impaired by alcohol or drugs
- 3 ☐ Unattended person
- 4 ☐ Possibly mentally disabled
- 5 ☐ Physically disabled
- 6 ☐ Multiple persons involved
- 7 ☐ Age was a factor

D3

Factors Contributing to Ignition

 #1 #2

D4

Fire Suppression Factors

 #1 #2 #3

Enter up to three factors

E

Heat Source

F

Mobile Property Type

G

Equipment Involved in Ignition

H

Weather Information

<input type="text"/>		
NFDRS Weather Station ID		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Weather Type		Wind Direction
<input type="text"/>	<input type="text"/>	<input type="text"/>
Wind Speed (mph)	Air Temperature F°	<input type="checkbox"/> Check if negative
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relative Humidity	Fuel Moisture	Fire Danger Rating

I1

Number of Buildings Ignited

I2

Number of Buildings Threatened

I3

Total Acres Burned
 , ,

I4

Primary Crops Burned

Identify up to 3 crops if any crops were burned

Crop 1

Crop 2

Crop 3

J

Property Management

Indicate the percent of the total acres burned for each ownership type then check the ONE box to identify the property ownership at the origin of the fire. If the ownership at origin is Federal, enter the Federal Agency Code.

Ownership	% Total Acres Burned
<input type="checkbox"/> Undetermined	<input type="text"/>

Private

- 1 ☐ Tax paying
- 2 ☐ Non-tax paying

Public

- 3 ☐ City, town, village, local
- 4 ☐ County or parish
- 5 ☐ State or province
- 6 ☐ Federal
- 7 ☐ Foreign
- 8 ☐ Military
- 0 ☐ Other

K

NFDRS Fuel Model at Origin

Enter the code and the descriptor corresponding to the NFDRS Fuel Model at Origin

L1

Person Responsible for Fire

- 1 ☐ Identified person caused fire
- 2 ☐ Unidentified person caused fire
- 3 ☐ Fire not caused by person

If person identified, complete the rest of Section L

L2

Gender of Person Involved

- 1 ☐ Male
- 2 ☐ Female

L3

Age or Date of Birth

Age in Years	Date of Birth
<input type="text"/>	<input type="text"/>
OR	<input type="text"/>
	Month Day Year

L4

Activity of Person Involved

M

Type of Right-of-Way

Required if less than 100 feet

<input type="text"/>	<input type="text"/>
Horizontal distance from right-of-way	Type of right-of-way

N

Fire Behavior

These optional descriptors refer to observations made at the point of initial attack

 Feet

 Feet

 Chains per Hour

A	FDID	State	Incident Date	Station	Incident Number	Exposure	<input type="checkbox"/> Delete	NFIRS-11 Arson
	MM	DD	YYYY				<input type="checkbox"/> Change	

B	Agency Referred To		<input type="checkbox"/> None	Agency name		Their case number	
	Number	Prefix	Street or Highway		Street Type	Suffix	Their ORI
	Post Office Box		Apt./Suite/Room		City		Their Federal Identifier (FID)
	State	ZIP Code	Agency phone number		Their FDID		

C	Case Status	
	1 <input type="checkbox"/> Investigation open	4 <input type="checkbox"/> Closed with arrest
	2 <input type="checkbox"/> Investigation closed	5 <input type="checkbox"/> Closed with exceptional clearance
	3 <input type="checkbox"/> Investigation inactive	

D	Availability of Material First Ignited	
	1 <input type="checkbox"/> Transported to scene	
	2 <input type="checkbox"/> Available at scene	
U <input type="checkbox"/> Unknown		

E	Suspected Motivation Factors		Check up to three factors	
	11 <input type="checkbox"/> Extortion	22 <input type="checkbox"/> Hate crime	42 <input type="checkbox"/> Vanity/recognition	54 <input type="checkbox"/> Burglary
	12 <input type="checkbox"/> Labor unrest	23 <input type="checkbox"/> Institutional	43 <input type="checkbox"/> Thrills	61 <input type="checkbox"/> Homicide concealment
	13 <input type="checkbox"/> Insurance fraud	24 <input type="checkbox"/> Societal	44 <input type="checkbox"/> Attention/sympathy	62 <input type="checkbox"/> Burglary concealment
14 <input type="checkbox"/> Intimidation	31 <input type="checkbox"/> Protest	45 <input type="checkbox"/> Sexual excitement	63 <input type="checkbox"/> Auto theft concealment	
15 <input type="checkbox"/> Void contract/lease	32 <input type="checkbox"/> Civil unrest	51 <input type="checkbox"/> Homicide	64 <input type="checkbox"/> Destroy records/evidence	
21 <input type="checkbox"/> Personal	41 <input type="checkbox"/> Fireplay/curiosity	52 <input type="checkbox"/> Suicide	00 <input type="checkbox"/> Other suspected motivation	
		53 <input type="checkbox"/> Domestic violence	UU <input type="checkbox"/> Unknown motivation	

F	Apparent Group Involvement		<input type="checkbox"/> None
	Check up to three factors		
	1 <input type="checkbox"/> Terrorist group		
	2 <input type="checkbox"/> Gang		
3 <input type="checkbox"/> Anti-government group			
4 <input type="checkbox"/> Outlaw motorcycle organization			
5 <input type="checkbox"/> Organized crime			
6 <input type="checkbox"/> Racial/ethnic hate group			
7 <input type="checkbox"/> Religious hate group			
8 <input type="checkbox"/> Sexual preference hate group			
0 <input type="checkbox"/> Other group			
U <input type="checkbox"/> Unknown			

H	Incendiary Devices		CONTAINER		<input type="checkbox"/> No container
	Select one from each category				
	11 <input type="checkbox"/> Bottle (glass)	14 <input type="checkbox"/> Pressurized container	17 <input type="checkbox"/> Box		
	12 <input type="checkbox"/> Bottle (plastic)	15 <input type="checkbox"/> Can (not gas or fuel)	00 <input type="checkbox"/> Other Container		
13 <input type="checkbox"/> Jug	16 <input type="checkbox"/> Gasoline or fuel can	UU <input type="checkbox"/> Unknown			

	IGNITION/DELAY DEVICE		<input type="checkbox"/> No device
	11 <input type="checkbox"/> Wick or fuse	17 <input type="checkbox"/> Road flare/fuse	
	12 <input type="checkbox"/> Candle	18 <input type="checkbox"/> Chemical component	
13 <input type="checkbox"/> Cigarette and matchbook	19 <input type="checkbox"/> Trailer/streamer		
14 <input type="checkbox"/> Electronic component	20 <input type="checkbox"/> Open flame source		
15 <input type="checkbox"/> Mechanical device	00 <input type="checkbox"/> Other delay device		
16 <input type="checkbox"/> Remote control	UU <input type="checkbox"/> Unknown		

G1	Entry Method	
	Entry Method	

G2	Extent of Fire Involvement on Arrival	
	Extent of Fire Involvement	

FUEL		<input type="checkbox"/> None
11 <input type="checkbox"/> Ordinary combustibles	16 <input type="checkbox"/> Pyrotechnic material	
12 <input type="checkbox"/> Flammable gas	17 <input type="checkbox"/> Explosive material	
14 <input type="checkbox"/> Ignitable liquid	00 <input type="checkbox"/> Other material	
15 <input type="checkbox"/> Ignitable solid	UU <input type="checkbox"/> Unknown	

I	Other Investigative Information		J	Property Ownership	
	Check all that apply				
	1 <input type="checkbox"/> Code violations			1 <input type="checkbox"/> Private	
	2 <input type="checkbox"/> Structure for sale			2 <input type="checkbox"/> City, town, village, local	
	3 <input type="checkbox"/> Structure vacant			3 <input type="checkbox"/> County or parish	
4 <input type="checkbox"/> Other crimes involved		4 <input type="checkbox"/> State or province			
5 <input type="checkbox"/> Illicit drug activity		5 <input type="checkbox"/> Federal			
6 <input type="checkbox"/> Change in insurance		6 <input type="checkbox"/> Foreign			
7 <input type="checkbox"/> Financial problem		7 <input type="checkbox"/> Military			
8 <input type="checkbox"/> Criminal/civil actions pending		0 <input type="checkbox"/> Other			

K	Initial Observations	
	Check all that apply	
1 <input type="checkbox"/> Windows ajar	5 <input type="checkbox"/> Fire department forced entry	
2 <input type="checkbox"/> Doors ajar	6 <input type="checkbox"/> Entry forced prior to FD arrival	
3 <input type="checkbox"/> Doors locked	7 <input type="checkbox"/> Security system activated	
4 <input type="checkbox"/> Doors unlocked	8 <input type="checkbox"/> Security system present (not activated)	




L	Laboratory Used		Check all that apply		<input type="checkbox"/> None
1 <input type="checkbox"/> Local	3 <input type="checkbox"/> ATF	5 <input type="checkbox"/> Other	6 <input type="checkbox"/> Private		
2 <input type="checkbox"/> State	4 <input type="checkbox"/> FBI	Federal			

A

FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure
★	★		★			★	★

☐ Delete
☐ Change

**NFIRS-11
Juvenile
Firesetter**

<div style="border: 1px solid black; padding: 10px; margin: 10px;"> <p>Complete this section if the person involved in the ignition of the fire was a child or Juvenile under the age of 18</p> </div>	<p>M₂ Age or Date of Birth</p> <div style="display: flex; align-items: center; justify-content: center; margin: 10px;"> <div style="text-align: center;">  <p>Age (in years)</p> </div> <div style="margin: 0 20px;">OR</div> <div style="text-align: center;">  <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div> </div> </div>	<p>M₄ Race</p> <div style="margin-top: 10px;"> <p>1 <input type="checkbox"/> White</p> <p>2 <input type="checkbox"/> Black, African American</p> <p>3 <input type="checkbox"/> American Indian, Alaska Native</p> <p>4 <input type="checkbox"/> Asian</p> <p>5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander</p> <p>0 <input type="checkbox"/> Other, multiracial</p> <p>U <input type="checkbox"/> Undetermined</p> </div>	<p>M₆ Family Type</p> <div style="margin-top: 10px;"> <p>1 <input type="checkbox"/> Single parent</p> <p>2 <input type="checkbox"/> Foster parent(s)</p> <p>3 <input type="checkbox"/> Two-parent family</p> <p>4 <input type="checkbox"/> Extended family</p> <p>N <input type="checkbox"/> No family unit</p> <p>0 <input type="checkbox"/> Other family type</p> <p>U <input type="checkbox"/> Unknown</p> </div>
<p>M₁ Subject Number</p> <p>Complete a separate Section M form for each juvenile</p> <div style="margin-top: 10px;">  <p>Subject Number</p> </div>	<p>M₃ Gender</p> <div style="margin-top: 10px;"> <p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p> </div>	<p>M₅ Ethnicity</p> <div style="margin-top: 10px;"> <p>1 <input type="checkbox"/> Hispanic or Latino</p> <p>0 <input type="checkbox"/> Non Hispanic or Latino</p> </div>	

M7	Motivation/Risk Factors	Check only one of codes 1–3 and then all others (4–9) that apply	M8	Disposition of Person Under 18
	1 <input type="checkbox"/> Mild curiosity about fire 2 <input type="checkbox"/> Moderate curiosity about fire 3 <input type="checkbox"/> Extreme curiosity about fire 4 <input type="checkbox"/> Diagnosed (or suspected) ADD/ADHD 5 <input type="checkbox"/> History of trouble outside school 6 <input type="checkbox"/> History of stealing or shoplifting 7 <input type="checkbox"/> History of physically assaulting others 8 <input type="checkbox"/> History of fireplay or firesetting 9 <input type="checkbox"/> Transiency 0 <input type="checkbox"/> Other U <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Handled within department 2 <input type="checkbox"/> Released to parent/guardian 3 <input type="checkbox"/> Referred to other authority 4 <input type="checkbox"/> Referred to treatment/counseling program 5 <input type="checkbox"/> Arrested, charged as adult 6 <input type="checkbox"/> Referred to firesetter intervention program 0 <input type="checkbox"/> Other U <input type="checkbox"/> Unknown		

[illegible]

A

FDID 	State 	MM Incident Date	DD 	YYYY	Station	Incident Number 	Exposure 	<input type="checkbox"/> Delete <input type="checkbox"/> Change
--	---	---------------------	---	------	---------	---	--	--

**NFIRS-1S
Supplemental****K1****Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
Number	Prefix	Street or Highway		Street Type Suffix
Post Office Box		Apt./Suite/Room	City	
State	ZIP Code			

K1**Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
Number	Prefix	Street or Highway		Street Type Suffix
Post Office Box		Apt./Suite/Room	City	
State	ZIP Code			

K1**Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
Number	Prefix	Street or Highway		Street Type Suffix
Post Office Box		Apt./Suite/Room	City	
State	ZIP Code			

K1**Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
Number	Prefix	Street or Highway		Street Type Suffix
Post Office Box		Apt./Suite/Room	City	
State	ZIP Code			

K1**Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
Number	Prefix	Street or Highway		Street Type Suffix
Post Office Box		Apt./Suite/Room	City	
State	ZIP Code			

E3

Supplemental Special Studies

Local Option

NFIRS-1S
Supplemental

1

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Special Study ID# Special Study Value

2

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Special Study ID# Special Study Value

3

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Special Study ID# Special Study Value

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Special Study ID# Special Study Value

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Special Study ID# Special Study Value

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Special Study ID# Special Study Value

7

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Special Study ID# Special Study Value

8

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Special Study ID# Special Study Value

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Remarks:

Local Option